



# HEDIS<sup>®</sup> Lunch & Learn

## Diabetes

**Alana Hoover**

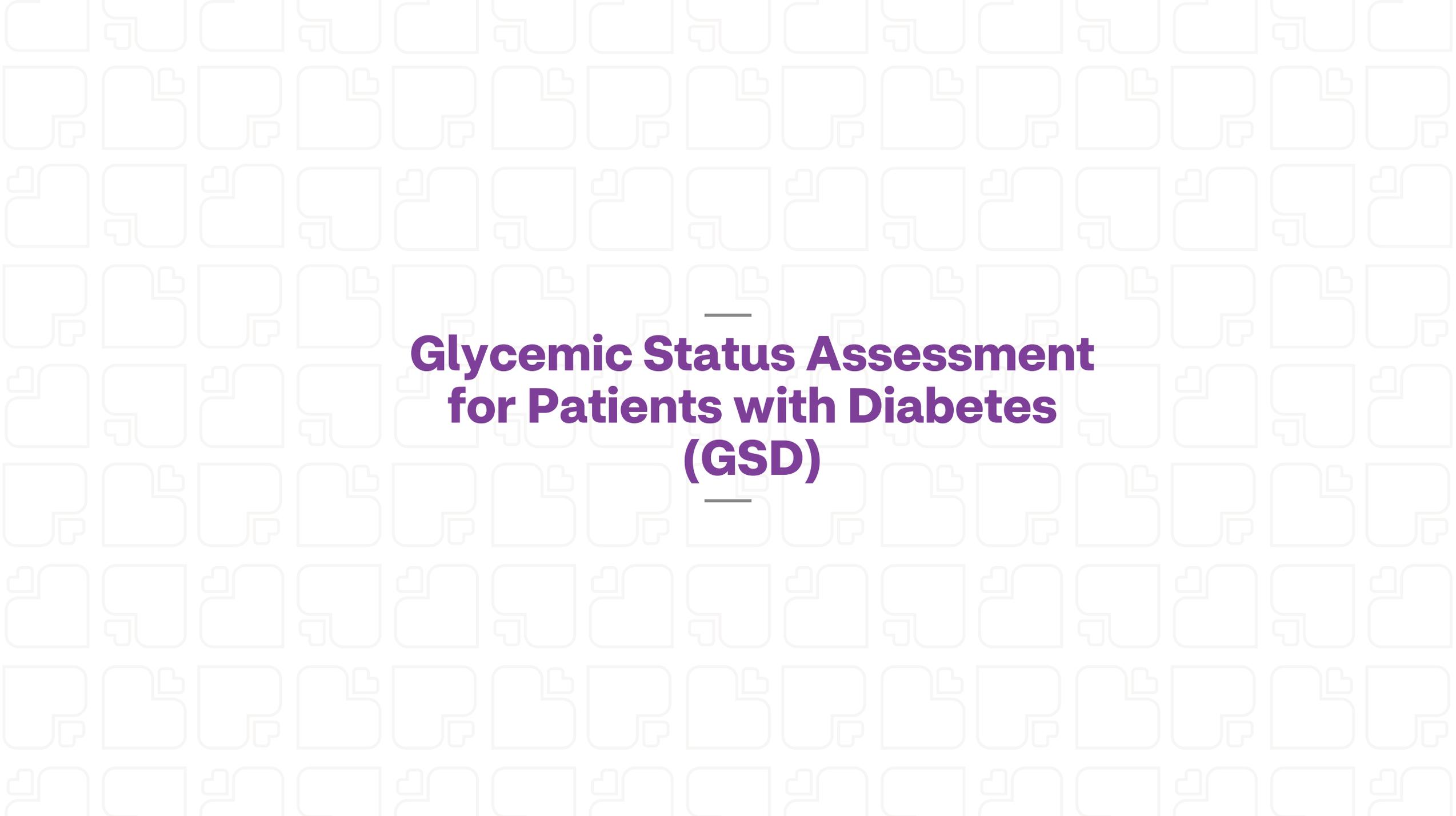
Quality Practice Advisor

September 2025



# Key Quality Measures in Diabetes Care

- **Glycemic Status Assessment for Patients with Diabetes**  
(GSD): *Ensures regular monitoring of blood glucose levels*
- **Blood Pressure Control for Patients with Diabetes**  
(BPD): *Aims to maintain optimal blood pressure to reduce complications*
- **Eye Exam for patients with Diabetes**  
(EED): *Detects early signs of diabetic retinopathy*
- **Kidney Health Evaluation for Patients with Diabetes**  
(KED): *Evaluates kidney function to prevent nephropathy*



**Glycemic Status Assessment  
for Patients with Diabetes  
(GSD)**



# Glycemic Status Assessment for Patients with Diabetes (GSD)

Members 18-75 years of age in the measurement year with a diagnosis of diabetes (Type 1 and Type 2) whose most recent glycemic status (A1c) or glucose management indicator (GMI) was controlled during the measurement year:

- Glycemic status assessment <8.0%

The result of the **most recent glycemic status assessment (HbA1c or GMI)** in measurement year.

## Additional notes for medical records documentation:

- GMI values must include documentation of the continuous glucose date range used to derive the value. The terminal date in the range should be used to assign assessment date.
- If multiple glycemic assessments were recorded for a single date, use the lowest result.
- GMI results collected by the member and documented in the medical record are eligible for use.

Hybrid methodology

Chart review allowed for now!

However, ... coding!

# Hemoglobin A1c Control for Patients with Diabetes (HBD) Coding

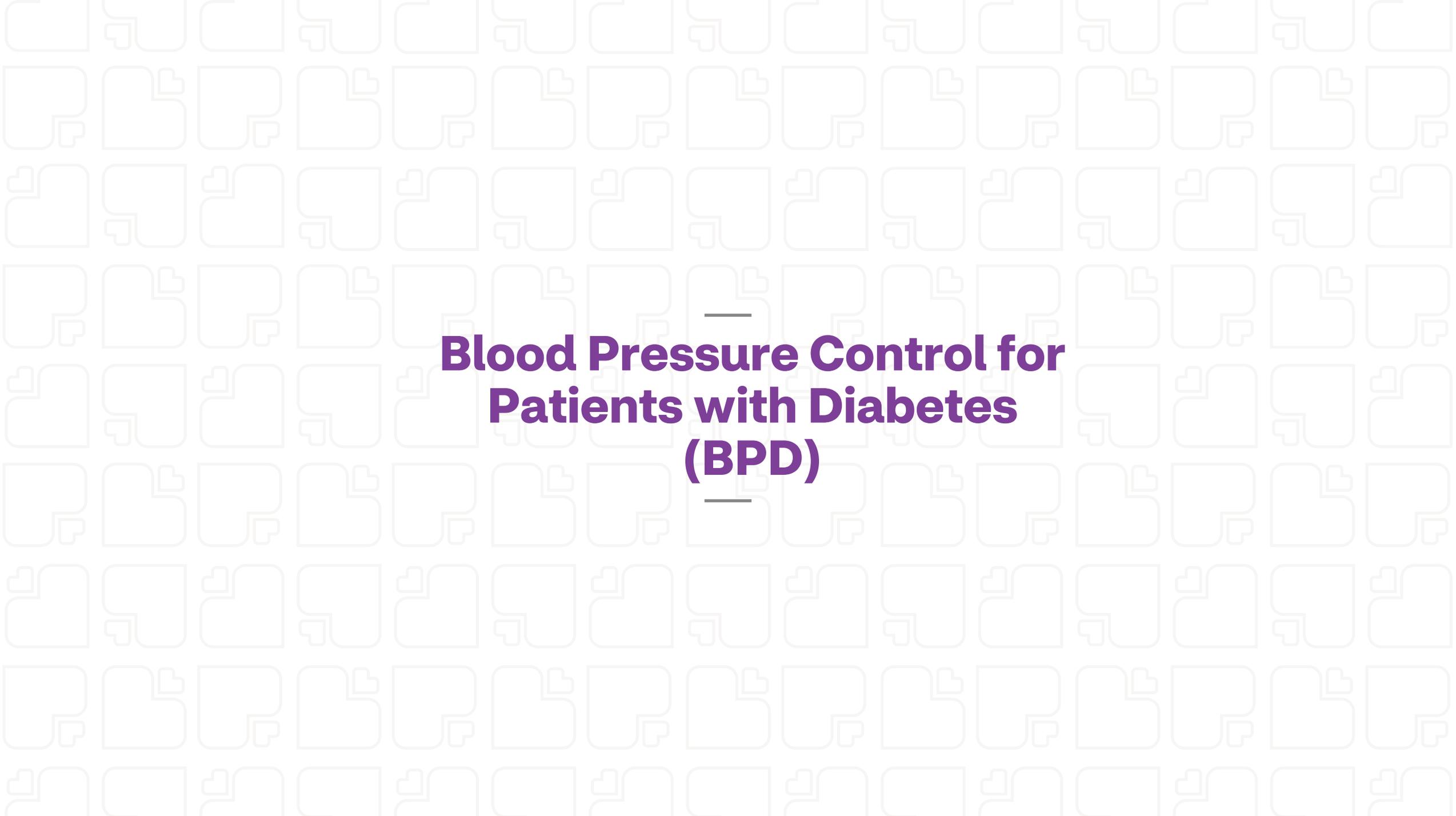
## HbA1c Test

**CPT: 83036, 83037**

## HbA1c Results – can decrease chart review!

**CPT-CAT- II: 3044F, 3046F, 3051F, 3052F**

<b>3044F</b>	<b>3051F</b>	<b>3052F</b>	<b>3046F</b>
<7	7.0 – 7.9	8.0 -9.0	>9



**Blood Pressure Control for  
Patients with Diabetes  
(BPD)**



# Blood Pressure Control for Patients with Diabetes (BPD)

## Measure Requirements:

Members **18-75** years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) whose blood pressure was:

- Adequately controlled ( $<140/<90$  mm Hg) during the measurement year

Must be **most recent** of measurement year.

*Systolic AND diastolic MUST be below the thresholds (less than 140 and less than 90) to be considered compliant.*

Hybrid  
methodology

Chart review  
allowed for  
now!

However,...  
coding!

# Blood Pressure Control for Patients with Diabetes (BPD) Coding

## **CPT-CAT-II: - Can decrease chart review!**

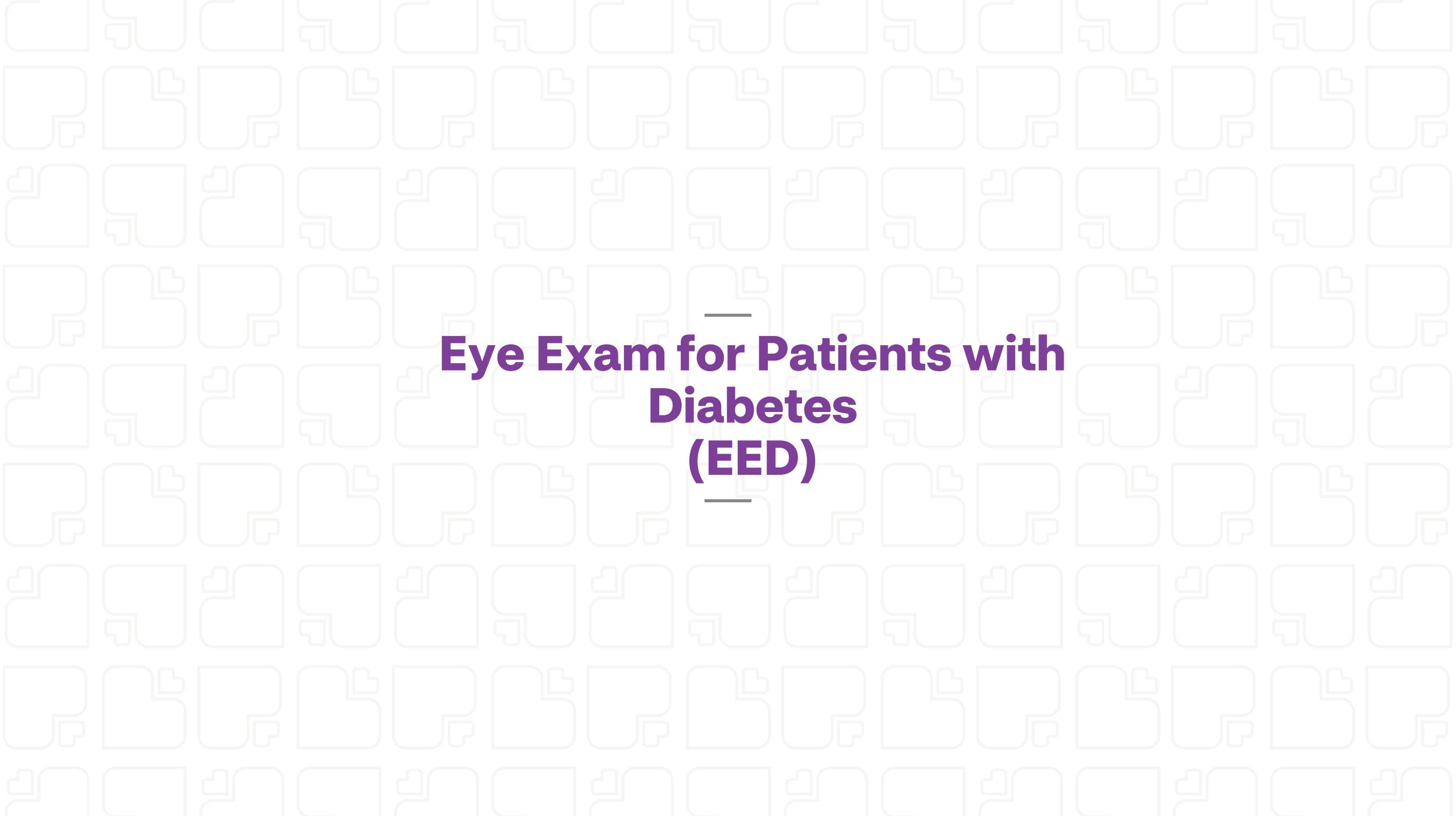
### **Systolic:**

- **3074F** – Most recent systolic BP less than 130
- **3075F** – Most recent systolic BP 130-139
- **3077F** – Most recent systolic BP greater than or equal to 140

### **Diastolic:**

- **3078F** – Most recent diastolic BP less than 80
- **3079F** – Most recent diastolic BP 80-89
- **3080F** – Most recent diastolic BP greater than or equal to 90

**\*Please bill one code each for systolic and diastolic**



**Eye Exam for Patients with  
Diabetes  
(EED)**



# Eye Exam for Patients with Diabetes (EED)

## Measure Requirements:

Members **18-75** years of age in the measurement year with a diagnosis of diabetes (Type 1 or Type 2) who had:

- A retinal or dilated eye exam performed or interpreted by an eye care professional (optometrist or ophthalmologist) in the measurement year
- A negative retinal or dilated eye exam (negative for retinopathy) performed or interpreted by an eye care professional in the year prior to the measurement year.

**Administrative  
Methodology Only**

**MY 2025 no longer  
hybrid!**

# Eye Exam for Patients with Diabetes (EED) Coding

## Eye Exam with Eye Care Professional:

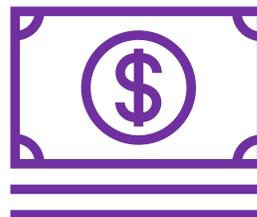
**CPT:** 92002, 92004, 92012, 92014, 92018, 92019, 92134, 92201, 92202 , 92227, 92228, 92230, 92235, 92250, 99203-99205, 99213-99215, 99242-99245

**HCPCS:** S0620, S0621, S3000

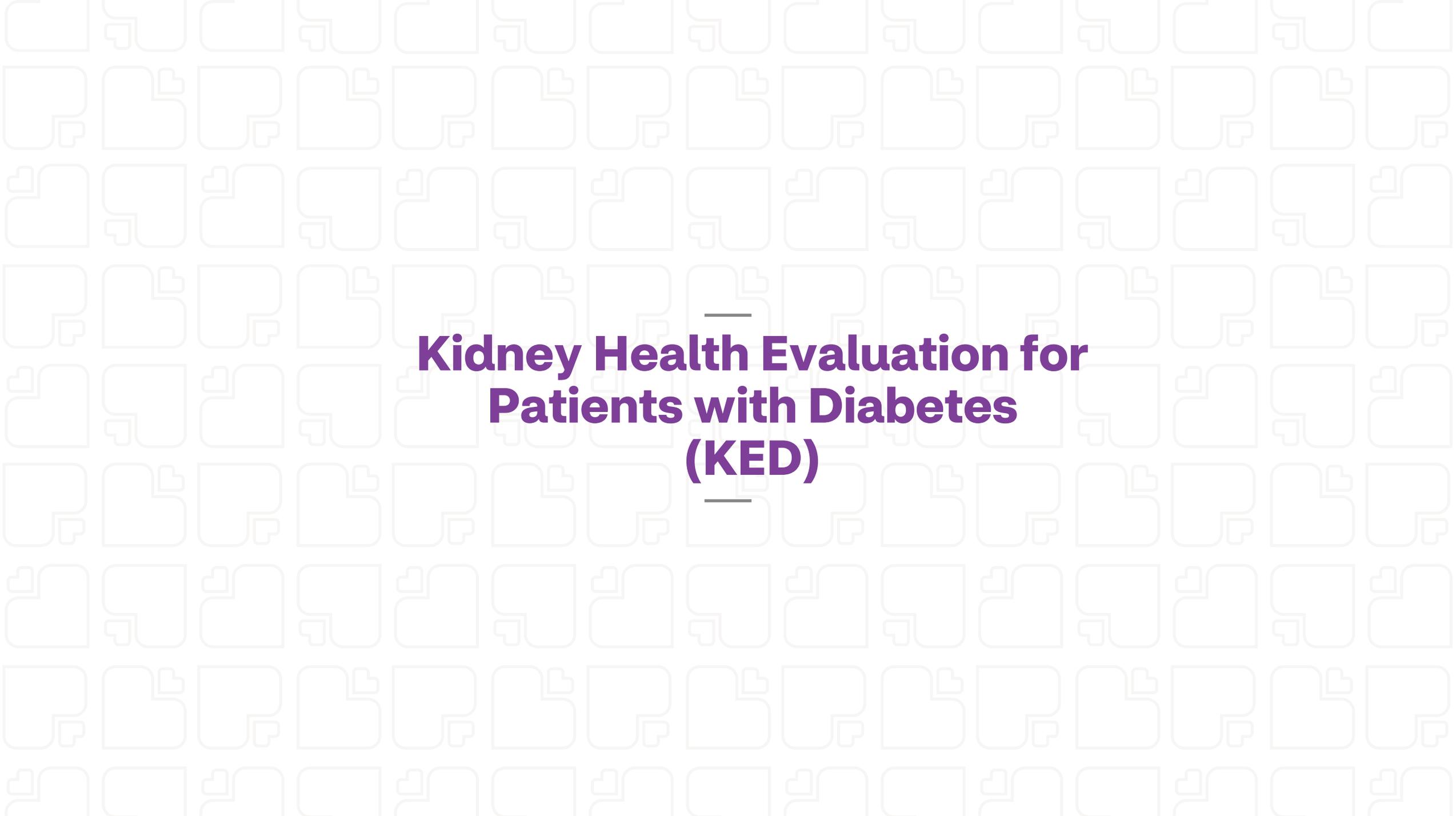
## Eye Exam billed by ANY Provider

**CPT-CAT-II:** 2022F-2026F, 2033F

# Member Incentives:



Members - who complete a **diabetic eye exam** with an eye care provider can receive a **\$50 reward**. (Age 18 and older)



**Kidney Health Evaluation for  
Patients with Diabetes  
(KED)**

# Kidney Health Evaluation for Patients with Diabetes (KED)

## Measure Requirement:

The percentage of members **18-85** years of age with diabetes (type 1 and type 2) who received a kidney health evaluation.

## What makes the member compliant (numerator)?

1. **At least one Estimated glomerular Filtration rate (eGFR)**

**AND**

2. **At least one urine albumin-creatinine ratio (uACR) identified by either of the following:**

- A. Both a quantitative urine albumin test, **AND** a urine creatinine test, (with service dates four days or less apart), **OR**
- B. A uACR/urine albumin-creatinine ratio test



Administrative  
methodology

No chart  
review

# Kidney Health Evaluation for Patients with Diabetes Coding

**eGFR CPT:** 80047, 80048, 80050, 80053, 80065, 82569

**Urine Albumin CPT:** 82043

**Urine Creatinine CPT:** 82570

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# Gaps in Care

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# Challenges

## Why Gaps in Care?



- **No evidence of A1c/GMI in chart and/or no claim**
- **POCT/ in-office A1cs not billed/received on a claim**
- **Not adding relevant BP and A1c CPT II codes on claims, which could eliminate the need for submitting medical records.**
- **GMI/A1c results show poor control – member remains non-compliant**
- **Elevated BPs not reassessed and documented**
- **Need to go to another facility for A1c if not able to perform in-office**
- **Hospital A1cs not available in PCP record**
- **Denial for some members – “touch of sugar”**



- **Member misconception regarding the difference between glucose checks and A1c testing**
- **Inconsistent focus on nutrition, exercise and lifestyle that can significantly impact BP and A1c control**
- **Member reported BPs during telehealth visits are not present in the chart – these can be used to meet compliance.**
- **Member-reported blood pressures documented as range, and not exact values**
- **Documented blood pressure readings are poorly controlled - both systolic BP must be below 140 AND diastolic BP must be below 90 (not equal to)**



- **Retinal eye exams results must be reviewed by an eye care professional (optometrist/ ophthalmologist)**
- **No referral for retinal eye exam**
- **Member unaware diabetic eye exams are covered- educate members regarding \$50 gift card from ABHWV for a completed diabetic eye exam.**
- **Not taking medication as prescribed (time, dose, frequency); feels okay**
- **Misunderstanding of medication regimen instructions, side effects**
- **Stop taking without consulting physician**
- **All components for kidney health evaluation not completed**
- **ABHWV not receiving all documentation during HEDIS season.**

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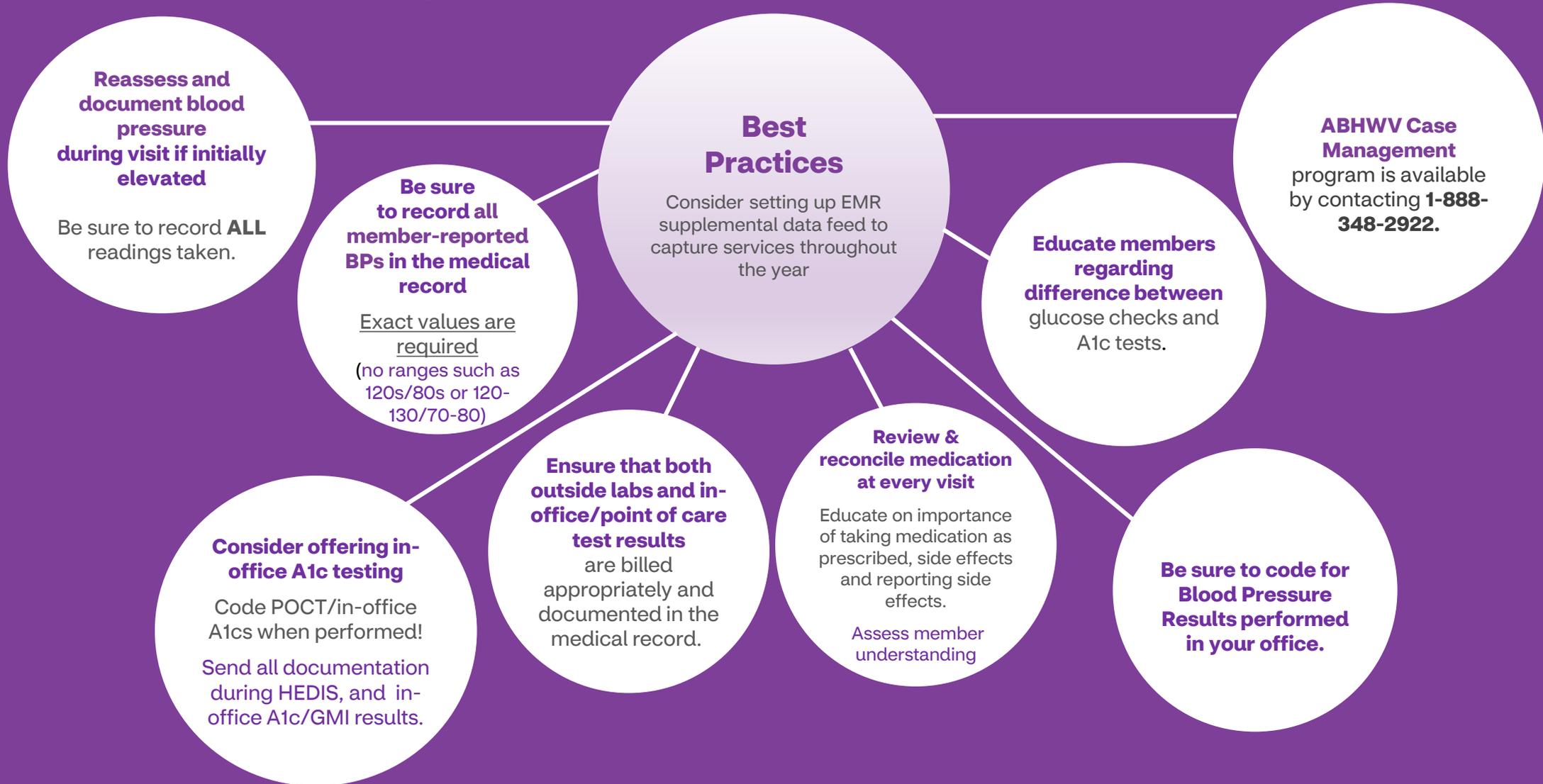
# Take-Away Actions

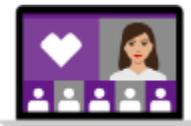
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# Take-away Actions - Diabetes



# Take-away Actions - Diabetes





# HEDIS Resources for Providers

## HEDIS News You Can Use

- Monthly informational newsletter related to a change or actionable content to incorporate into clinic workflows to improve HEDIS outcomes

## HEDIS Lunch and Learn Webinars

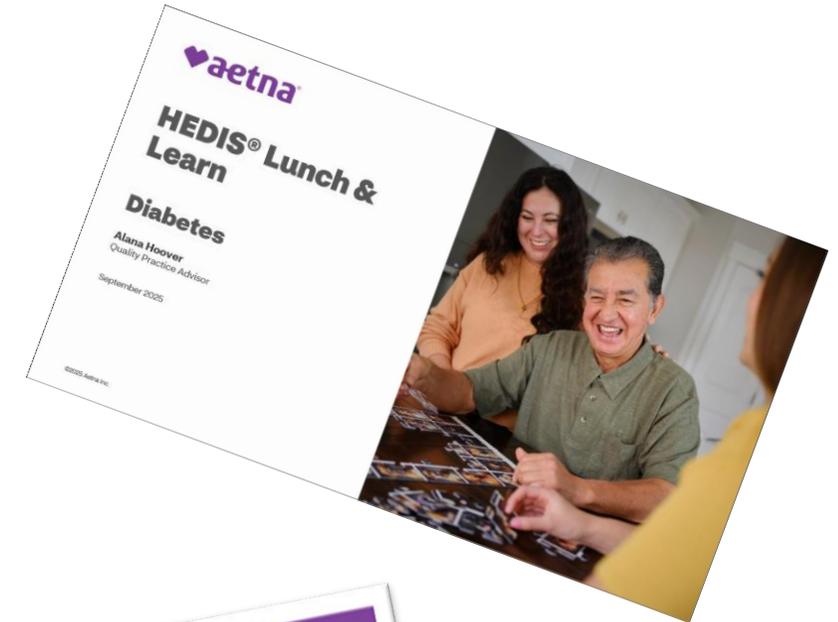
- Monthly 30-minute webinars for providers related to HEDIS News You Can Use topics to reinforce content and take deeper dives into best practices and recommendations

## Quality Reference Guide

- A guide to understand HEDIS requirements, find and use commonly referenced codes, support patient safety and promote preventive care through easy-to-follow steps.

## ABHWV Provider Website – HEDIS Center

- <https://www.aetnabetterhealth.com/westvirginia/providers/hedis.html>
- Comprehensive repository of all resource and webinar content



# Closing Thoughts and Resources

## Members trust you!

Patients often view you as their most trusted source of medical information.

Your guidance and encouragement are crucial to their ability to manage their health.

Taking time for discussion and addressing their questions can help foster greater confidence and comfort in their care decisions.

## ABHWV Quality Partnerships

**Melani McNinch, Senior Director, ABHWV Health Care Quality Mgt**

- [ABHWVHEDIS@aetna.com](mailto:ABHWVHEDIS@aetna.com)

### EMR supplemental feed options

**Tosha Morris**

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**304-348-2003**

### Wellness Event Partnering

**David Roberts**

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### ABHWV Quality Practice Advisors

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## Other Resources

### ABHWV Integrated Care Management

Refer member to Aetna Better Health of West Virginia Case Management:

- Fax to 844-330-1001
- Call 1-888-348-2922

### Great Resources:

<https://www.ncqa.org/hedis/>

<https://www.aetnabetterhealth.com/westvirginia/providers/hedis>